



TOWN OF FORT MILL
BUSINESS LICENSE/PERMITTING DEPARTMENT
P.O. BOX 159 - 200 TOM HALL STREET
FORT MILL, SC 29715
(803)547-2034
Email: fortmillsc.gov

PERMIT AGENT AUTHORIZATION

THIS PERMIT AGENT AUTHORIZATION FORM WILL REPLACE ANY PREVIOUS AUTHORIZED PERSONS YOU PROVIDED TO US. PLEASE LIST ALL NAMES OF PERSONS YOU WANT AUTHORIZED TO ACT AS YOUR AGENT AND SIGN ON YOUR BEHALF. THIS FORM WILL REMAIN IN EFFECT UNTIL A NEW PERMIT AUTHORIZATION FORM IS SUBMITTED BY THE LICENSE HOLDER.

I _____ am the license holder of _____
_____, doing business in York County, Town of Fort Mill, License
Number _____, and hereby authorize the following person/persons to act
as my agent and, in my absence, give authority to sign for permits on my Company's behalf.

Name (Please Print)

Signature

LICENSE HOLDER'S SIGNATURE

DATE _____

STATE OF SOUTH CAROLINA
COUNTY OF _____

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me,
personally appeared _____, the License Holder of record
for the above-referenced company, who is personally known to me, or
produced _____ as identification.

Notary Public for South Carolina